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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES PAGE -FOR LINE 24 OF FORM 3X RECEIVED NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** 24-hour report X 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee **Amount** Zip Code Date of Disbursement or Obligation Category/ Office Sought: House Support Oppose State: President Senate Primary Disbursement For: Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination **Amount** Zip Code Date of Disbursement or Obligation Category/ Support Office Sought: Oppose. President Senate.~: State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political mittee) any political party committee or its agent.

FEC Schedule E (Form 3X) Rev. 09/2013